

Pathology Core Concept & Wrap Up session



Upper GIT diseases

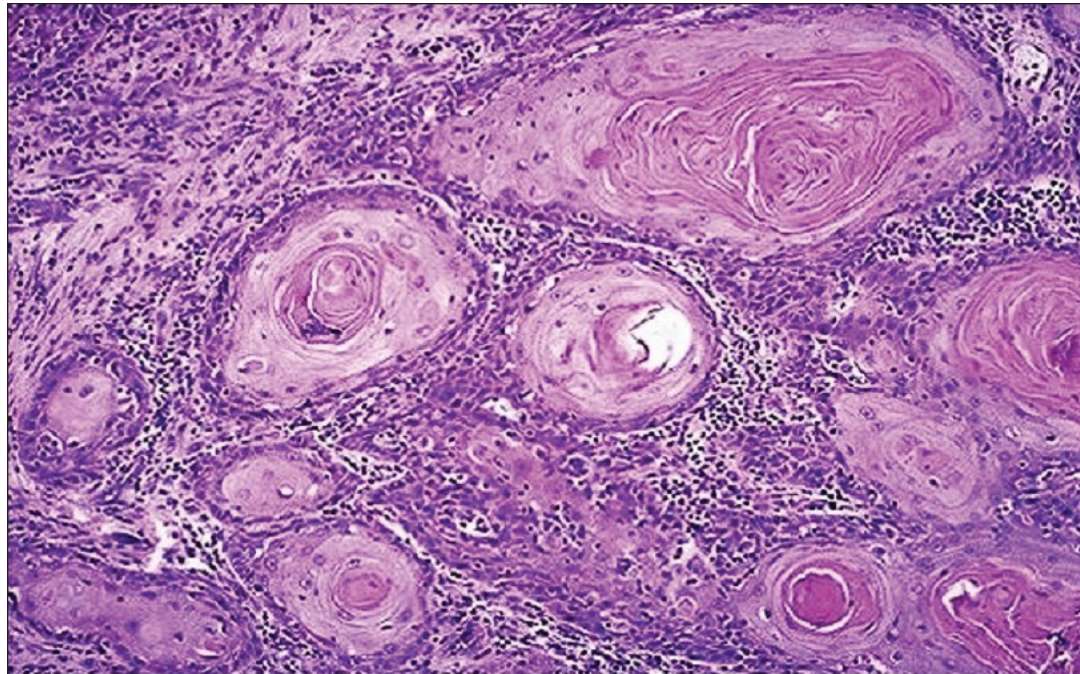
**Prof Riham
Abu-Zeid**

Oral Cavity



Enumerate 2 predisposing factors for carcinoma arising from oral mucosa

What is the microscopic type of malignancy in this case ?



Oral Cavity

Which of the following lesions is precancerous ?

- a. Herpetic Stomatitis
- b. Leukoplakia
- c. Aphthous ulcer
- d. Oral candidiasis

What is Leukoplakia & Erythroplakia? Describe its mic picture



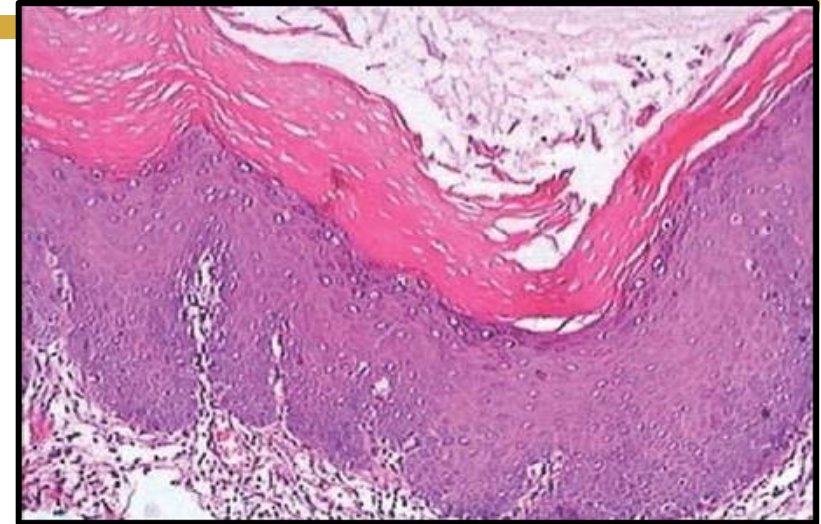
Leukoplakia :

White patch or plaque

**CAN NOT BE
SCRAPPED OFF**



© Greg Brady DDBCD.org/resource/resmgr/ddb_high/leukoplakia_high.jpg



Erythroplakia :

Red velvety, flat patch

Pathogenesis of both :

Unknown cause

Strong association



<http://www.oralmedicinelondon.co.uk/images/red-patches.jpg>

Hyperplastic stratified squamous epithelium

- Hyperkeratosis
- without underlying epithelial dysplasia to mild to severe dysplasia up to carcinoma in situ

Sialadenitis



Match

**Sjogren's
Syndrome**

Sialithiasis

Mumps

a. Candidiasis

b. Obstruction by stone

c. Viral infection

d. Keratoconjunctivitis
sicca-Xerostomia

e. Orchitis

f. lympho-plasmacytic
infiltrate

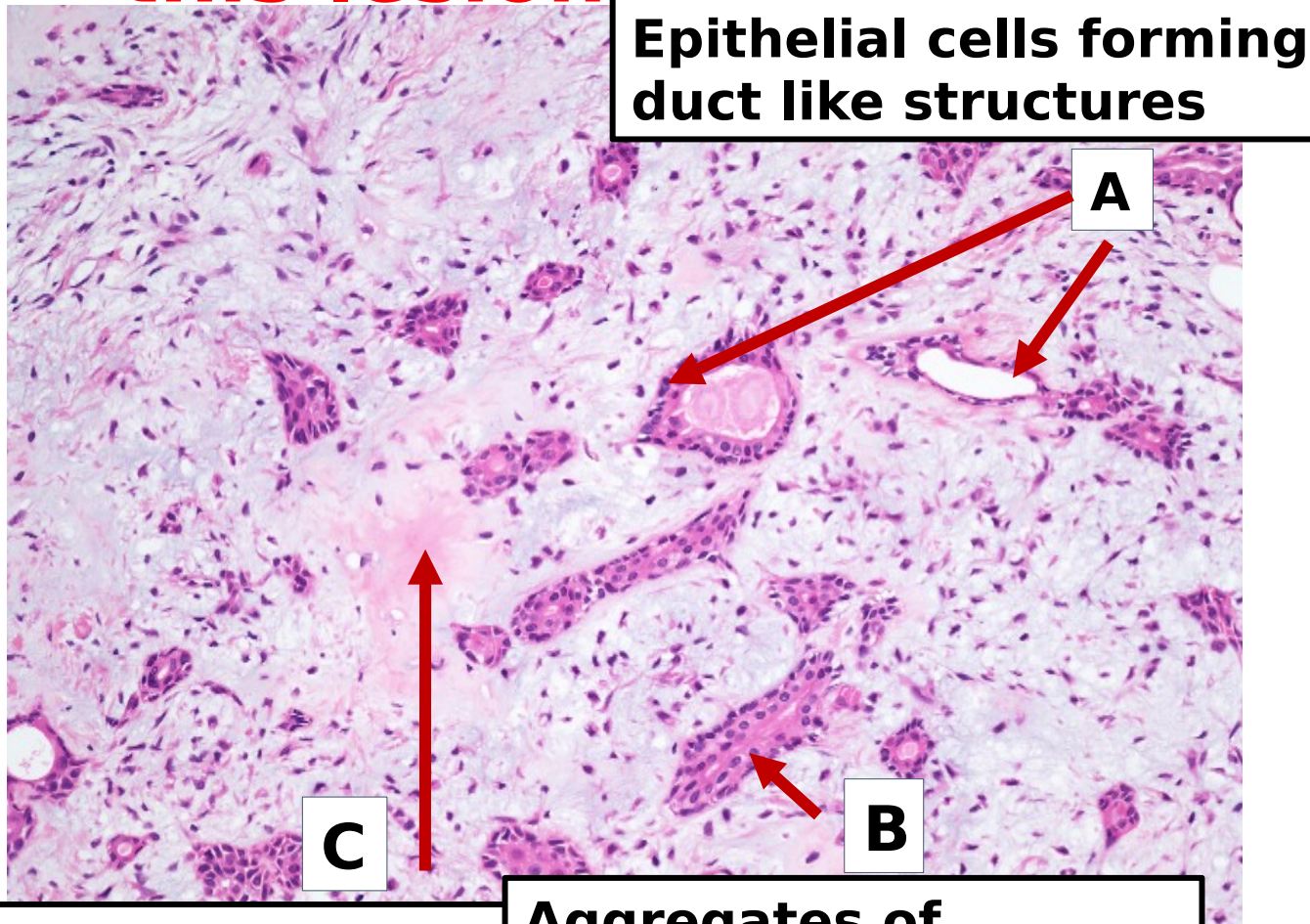
Salivary gland tumours



Which benign salivary gland tumour is liable to recurrence and Why ?



Label the below figures and diagnose this lesion



Fibromyxoid stroma

Aggregates of epithelial & Myoepithelial cells

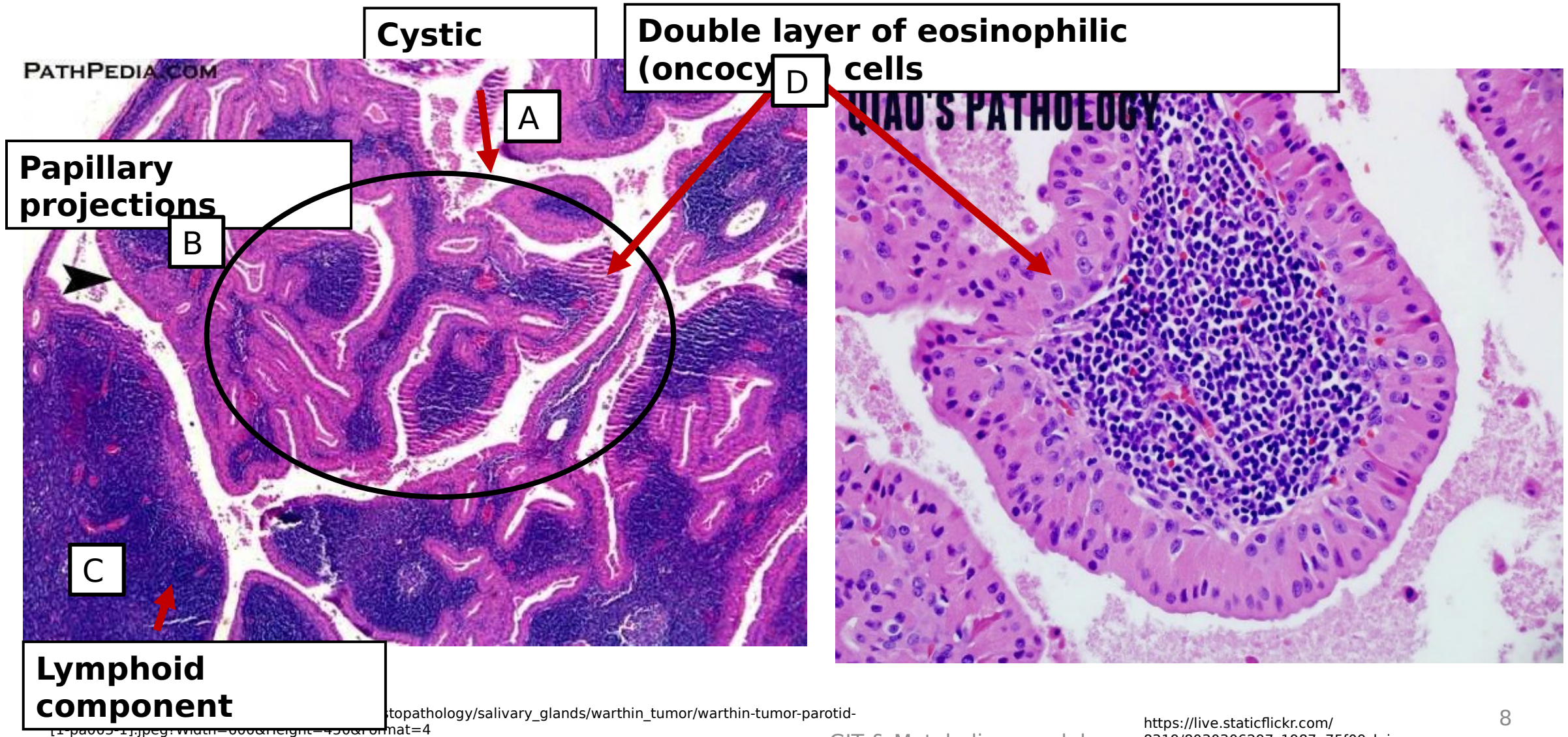
Mic

- Encapsulated tumour
- Aggregates & sheets of benign epithelial & myoepithelial cells with duct like structures
- Myoepithelial cells.
- Stroma: Fibromyxoid and cartilaginous areas



cartilaginous areas

Label the below figure and diagnose this lesion



Salivary gland

tumours

A 65 year old man presented with a swelling below the ear lobule . Tru cut Biopsy revealed aggregates of epithelial and myoepithelial cells with fibromyxoid areas . The patient refused to undergo surgical removal of the lesion .After 3 years he presented with enlarged cervical lymphnode and facial nerve paralysis .

What is the most probable diagnosis of the lesion he presented with lately ?



Esophagus



Put a suitable medical term for each of the following:

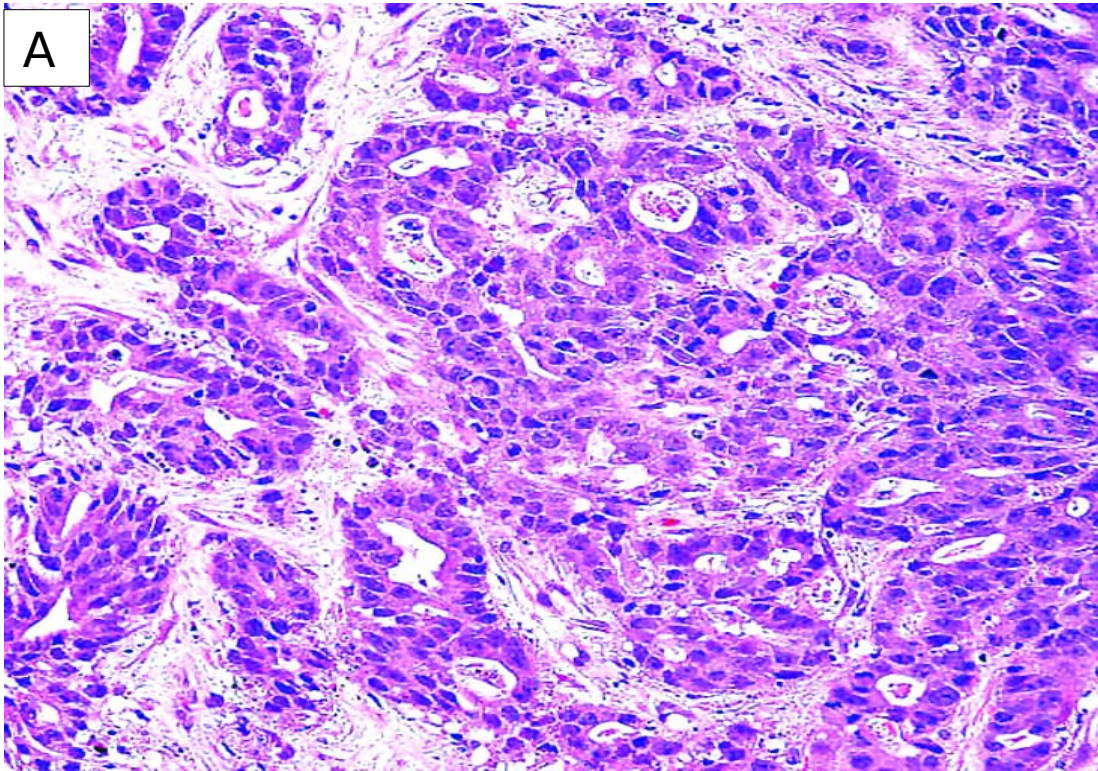
1. Intestinal metaplasia of esophageal mucosa **What is its complication?**
2. Saccular out-pouching of the esophageal wall **Why ?**
3. Failure of relaxation of lower esophageal sphincter with consequent proximal dilatation -
Explain the pathogenesis?
4. Epithelial hyperplasia & Intra-epithelial neutrophils & eosinophils due to incompetent lower esophageal sphincter-
What is its complication?

Esophageal tumours

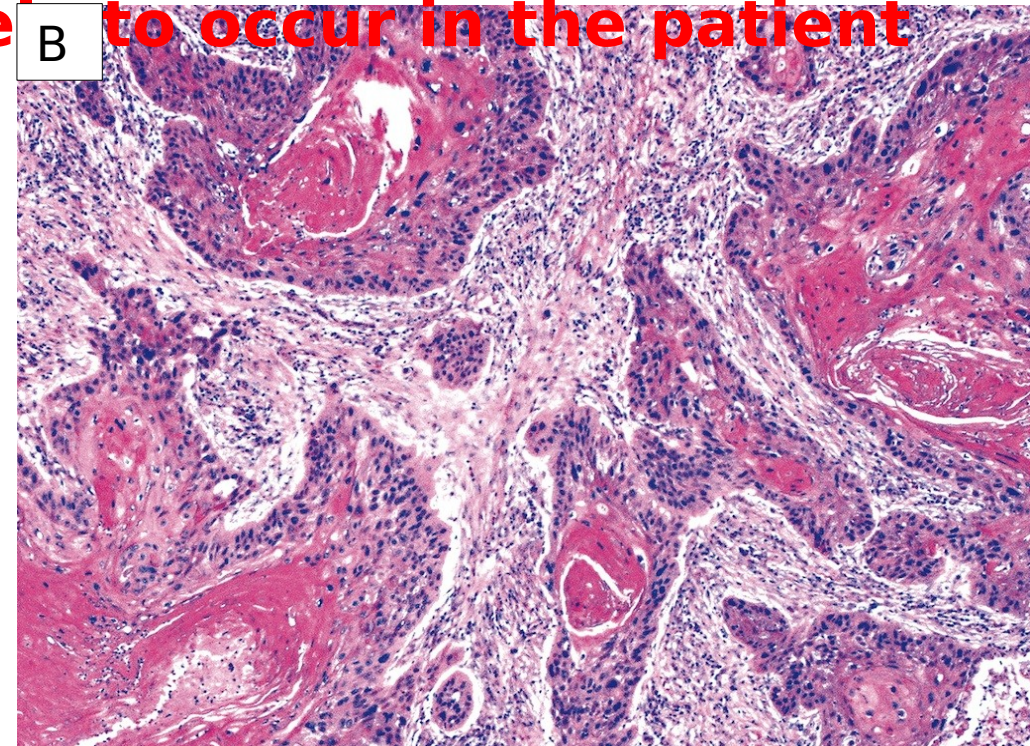


Two biopsies were taken from fungating esophageal masses in 2 different patients, one of which had a history of Barrett's esophagus.

Identify each microscopic type shown in the photos below



https://www.webpathology.com/slides-13/slides/Lung_AdenoCA_Acinar7.jpg



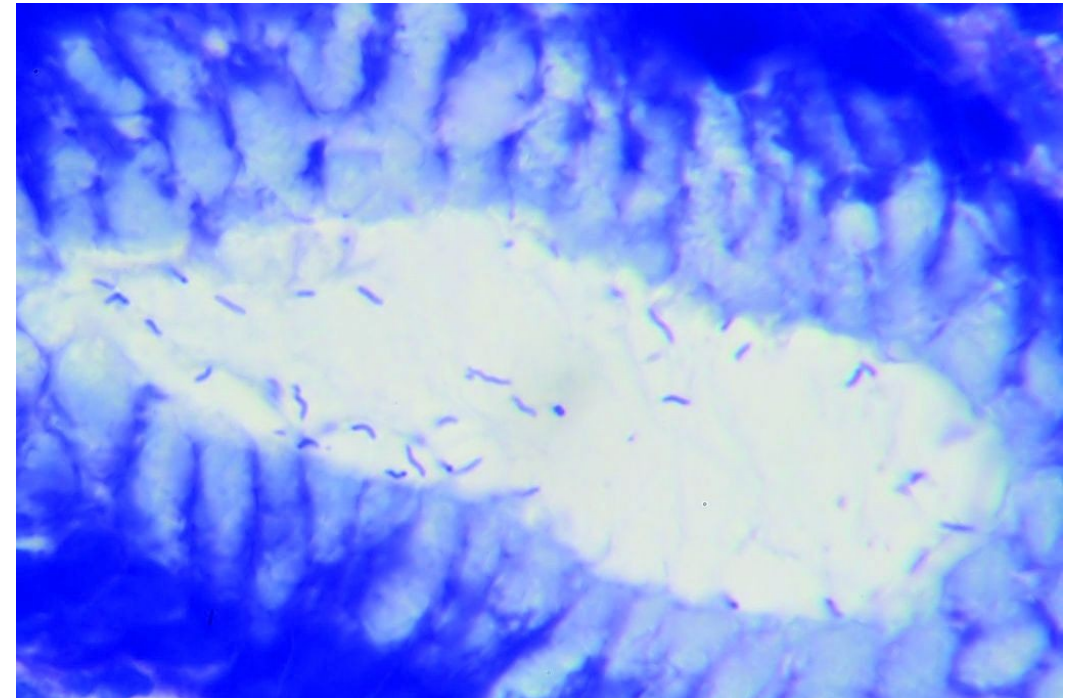
https://www.google.com.eg/url?sa=i&url=https%3A%2F%2Fwww.researchgate.net%2Ffigure%2FSquamous-cell-carcinoma-well-differentiated-shows-keratocysts-Hematoxylin-and-eosin_fig3_262780424&psig=AOvVaw0oaMghjOFpAhzdDmtELpmq&ust=1395369142851000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCji82Lbr3OoCFQAAAAAdAAAAABAO

Gastritis



In which of the following types of gastritis are curved comma shaped structures seen in mucus within gastric pits?

- a. Autoimmune gastritis
- b. Drug induced gastritis
- c. Viral induced gastritis
- d. H.pylori gastritis



Compare between the following :



Feature	<div>90%</div> <u>H. pylori-Associated</u>	Autoimmune	Peptic Ulcer
Pathogenesis			
Complications			

Use the following key words to diagnose the lesion



Interstitial cells of Cajal

Submucosal mass -spindle and /or epithelioid cells.

- IHC: **c-KIT +ve**

benign or malignant according to

- Tumor size
- Mitotic activity

GIST

- Fungating Mass or Ulcer
- Tumor cells and acini in

extracellular pale blue

material

Mucoid carcinoma

- Next in frequency after carcinoma
- Diffuse infiltration of mucosa & wall

Lymphoma

Use the following key words to diagnose the lesion



- Infiltrating mass causing thickening of gastric wall converting it to rigid short tube (**linitis plastica**)
- Diffuse infiltration by cells with **intracellular mucin**

Signet ring carcinoma

- **Origin:** Neuroendocrine cells of GIT (Argentaffin cells)
- Intra-mucosal polypoid mass
- Uniform cells -Stippled nuclei
- IHC: **Chromogranin**
- **Prognosis depends on**
- Grade -Site & extent -Mitotic activity.

Carcinoid tumour

Gastric Carcinoma

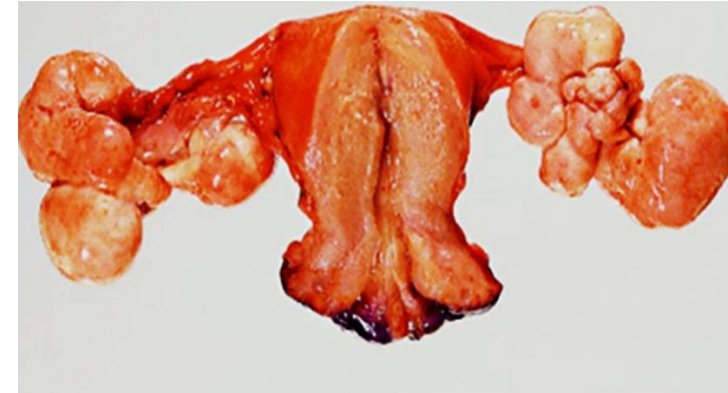


Name these signs that may associate gastric carcinomas

Linitis plastica

Virchow's node

Krukenberg tumor



<https://d1yboe6750e2cu.cloudfront.net/i/af627eebb02f3dd6398eeb4b903ed82812190dcf>

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTq0wh_15sg6pP-ApwP6LU1pZ87L9O4JeVcHCS57xsTDuVTRli&s

<https://slideplayer.com/slide/10314107/35/images/25/Krukenberg+tumors+ovary.jpg>

Gastric Carcinoid



What is CARCinoid syndrome ? Explain its pathogenesis ?
taneous flushing & sweating



<http://encyclopedia.lubopitko-bg.com/images/Patient%20with%20metastatic%20carcinoid%20tumor.jpg>

Asthmatic wheezing & Bronchospasm



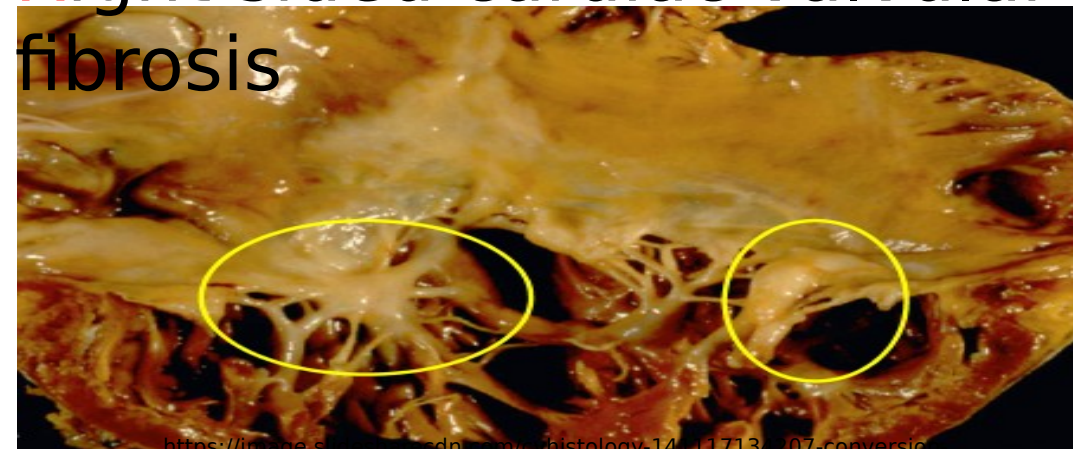
<http://www.lisleuth.com/images/wheeze.gif>

Cramping ,abdominal pain & diarrhea



<http://www.lisleuth.com/images/wheeze.gif>

Right sided cardiac valvular fibrosis



<https://image.slidesharecdn.com/cvhistology-14111713107-conversion-gate01/95/cardiovascular-histology-76-638.jpg?cb=1416231883>

